

JFW/AA

PTO/SB/21 (09-04)

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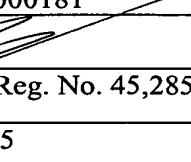
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Total Number of Pages in This Submission	15	Attorney Docket Number	A-9806
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## ENCLOSURES (check all that apply)

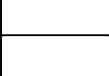
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Issue Fee <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-1165 (C04113-000045US01) for the above identified docket number.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Customer No. 000181
Signature	
Printed Name	Jason H. Vick, Reg. No. 45,285
Date	January 26, 2005

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Effective on 12/8/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)		<i>Complete if Known</i>	
		Application Number	10/765,998
		Filing Date	January 29, 2004
		First Named Inventor	Cassius ALMEIDA et al.
		Examiner Name	Unknown
		Art Unit	3629
		Attorney Docket No.	A-9806
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	<i>JAN 26 2005</i>		
TOTAL AMOUNT OF PAYMENT		\$130.00	

**METHOD OF PAYMENT (check all that apply)**

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
36 - 35 (HP) =	1	x \$50 = \$50.00	\$50.00	50	25	

HP = highest number of independent claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
9 - 9 (HP) =	0	x \$0 = \$0	\$0

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
360	180	

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	Fee Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Assignment Recordation Fee

\$80.00

<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>		
Signature			Registration No. (Attorney/Agent)	45,285
Name (Print/Type)	Jason H. Vick		Telephone	(703) 903-9000
			Date	January 26, 2005

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